

S. No. 2
-12-45
5-17-39
PI X4700

FILED SEP 23 1946
337

State File No. _____
Registrar's No. _____

Registration District No. 337

Primary Registration District No. 4497

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town CLARENCE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby

(c) City or town Clarence
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Paul Douglas

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M 5. Color or race Black

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Douglas 6. (c) Age of husband or wife if alive 52 years

7: Birth date of deceased Feby. 6-1887
(Month) (Day) (Year)

8. AGE: Years, Months, Days

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>56</u> | <u>8</u> | <u>3</u> | hr. min. |

9. Birthplace Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER, FATHER { 12. Name BENJAMIN Douglas

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lena Douglas

(b) Address Clarence Mo

17. (a) Burial (b) Date thereof 9-11-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarence

18. (a) Signature of funeral director E. C. Hopper

(b) Address Clarence Mo

19. (a) Sept 21-46 (b) Keith Jaeger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 year 1946 hour 6 minute A M.

21. I hereby certify that I attended the deceased from June 46 to Sept 9, 1946
that I last saw him alive on Sept 9, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 1 1/2

Due to ulcer of stomach 4 yrs

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 46 B

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature W. J. Hamilton M.D. (M.D. or other) _____
Address Clarence Mo Designated _____

Sept 17 1946

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 10
District File Number 9-46-1783
Date Filed SEP 23 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed..... *Louis E. Hooper*
Licensed Embalmer No. *4261*
P. O. Address..... *Clarence, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.